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OFFICIAL

Please deliver the attached facsimile transmission to:

Name: TERENCE R. TILL Facsimile No.: 1-703-872-9306
U.S. PATENT AND TRADEMARK OFFICE

Comments/Reference: <u>Application No. 09/819,412 Filed: 3/28/2001— Attached please find a Transmittal Letter (U.pr.). Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (U.pr.) and Declaration and Power of Attorney (3.prs).</u>

* * * * * * * *

From: ROBERT S. LIPTON, ESQ. Facsimile No.: 610-566-3660

Number of Pages: Cover + 5 Date: October 30, 2003

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PFICIAL

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In RE:

APPLICANT

Bhavna Mehta

TITLE

CLEANING AND MASSAGING

UTENSIL

APPLN. NO.

09/819,412

FILING DATE

3/28/2001

ART UNIT

1744

EXAMINER

Terrence R. Till

ATTORNEY DOCKET NO.

5514-2

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Attached please find a Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address together with a Declaration and Power of Attorney signed by the Applicant. Please change your records accordingly.

Respectfully submitted,

Date: October 30, 2003

Robert S. Lipton Attorney for Applicant Registration Number 25,403 Lipton, Weinberger and Husick

201 N. Jackson Street

P.O. Box 934 Media, PA 19063

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper for Application Seri I Number 09/819,412 is being facsimile transmitted to the Patent and Trademark Office, fax number 1-703-872-9306, in the dat shown below.

October 30, 2003

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Application Number 09/819,412 03/28/2001 Filing Date REVOCATION OF POWER OF Bhavna Mehta **ATTORNEY WITH** First Named Inventor **NEW POWER OF ATTORNEY** 1744 Art Unit AND Terrence R. Till **Examiner Name** CHANGE OF CORRESPONDENCE ADDRESS 5514-2 Attorney Docket Number

I hereby revoke all previo	us powers of attorney given in	the above-	identi	ned applic	ation.		
X A Power of Attorney is	s submitted herewith.						
OR I hereby appoint the	practitioners associated with the C	Customer N	umbe	r:			
X Please change the co. The address ass Customer Number	1	ove-identifle	d app	lication to:			
OR	•						
X Firm or Individual Name	Robert S. Lipton, Esqu LIPTON, WEINBERGER & H	1re USICK					
Address	201 North Jackson Street						
Address	P.O. Box 934						
City	Media	State	PA	,	Zip	19063-0934	
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I am the: X Applicant/Inventor. Assignee of record	of the entire interest. See 37 CFI	R 3.71.	.				
Statement under 37	CFR 3.73(b) is enclosed. (Form			ecord			
Namo	SIGNATURE of Applicant of	ASSIGNE	= 01 K				
Name BHAVNA ME	·				··		
	e medtu	Telephone 610-408-0604					
Date 9/29/2	.cc3		oir representative(s) are required. Submit multiple forms it more than one				
NOTE: Signatures of all the inventors signature is required, see below.	or sealgness of record or the entire resident or t						
X *Total of 2tom	ns are pubmitted.			EA D. M. C. Duck	lle uddob i	n to find and by the USPTO	

This collection of information is required by 37 CFR 1.36. The information is required to obtain or rolain a bonofit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is collection is collection is complete, including to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is collection to take 3 minutes to complete to complete application form to the USPTO. Timo will very deponding upon the individual case. Any commonts on the gathering, preparing, and submitting the complete this form and/or suggestions for reducing this burden, should be sont to the Chief Information Officer, U.S. Patert and amount of time you require to complete this form and/or suggestions for reducing this burden, should be sont to the Chief Information Officer, U.S. Patert and Tradement Office, U.S. Department of Commonce, P.O. Box 1450, Alexandria, VA 22313-1450.

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